File with: Iowa Ethics and Campaign Disclosure Board 510 E. 12th, Ste. 1A Des Moines, Iowa 50319



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FOR INSTRUCTIONS, SEE BACK OF FORM

Fax: 515-281-4073	DISCLOSURE	SUMMARY PAGE			0,1
COMMITTEE NAME (Must be	same as on Statement of Orga	nization)	\Box		
IMPORTANT: Indicate by # type	Supervisor C of committee you are reporting for:	5		FORM DR-2 (Rev. 07/2007)	DISCLOSURE
(4)County Central Committee (5	Standing for Retention Candidate (2 5) County Candidate (6) City Candid ty PAC (9) City PAC (10) School B)State PAC (3)State Party ate (7)School Board or Other Politic pard or Other Political Subdivision PAC	al C (For Office Use On	
CANDIDATE COMMITTEES	ONLY:		=	Logged in	
Candidate Name C. Coru Bou	wers	Political Party (if applicable)		Scanned	
	<u>seruisor</u>	Republican District (if Senate or House)		Computer	
Late reports are subject to possil	ole civil and criminal penalties. Pur	suant to lowa Code sections 68B.32	A(7) and	68A.401(3), the car	ndidate, for a
OLDONAN DE SIGNATURE OF PERSON FIL	ING REPORT	(712) 225-3143 TELEPHONE	3 -	10~17-0	
I AM FILING A Oct	ober 19	REPORT FOR (1) ELECTION	1 ((2)NO	LEI ECTION VE	NB.
	port date)	Indicate by	_	4-ELECTION TEA	Mrx.
CHECK IF AMENDMENT TO	D REPORT DATED	•		mmittees, enter Dat	e of Floring
			Local Co	11-04-	
☐ Check if this is final (termins (You must continue to	ition) report and attach Notice of offile reports until a DR-3 is filed.)	Dissolution Form DR-3.		Local Committees, ection is held CVL/O	
STATEM	ENT OF CASH ON HAND				
committee. This amo	ing of the reporting period. (Tota unt MUST be the same as the ca eriod or must be zero if this is firs	of all funds held by the ush on hand at the end t report filed.)	\$	i	0
	TAKEN IN THIS PERIOD	•			
Schedule A: Cash Co	ontributions total (Attach Schedul	e A) (*also see in-kind below)		50	5.12
)		73	2.22
		h Schedule H)	***********		0
(Schedule H	applies to Candidates' Comm	ittees Only) SUB-TOTAL	s	123	37.34
SUBTRACT TOTAL I	MONEY SPENT THIS PERIOD				
Schedule B: Expendi	tures total (Attach Schedule B) (*also see debts and loans below)	·•····	9:	80. <u>2</u> 7
Schedule F: Loan Re	payments total (Attach Schedule	F)	•••••		0
CASH ON HAND at the end of	this reporting period (if final repo	rt balance must be zero)	\$	<u> </u>	57.07
**UNPAID BILLS (From Sched	ule D - Attach Schedule D)		\$	ļ :	50.00
		ile E)			70.00
*OUTSTANDING LOANS (Fro	m Schedule F - Attach Schedule	F)	\$	7	32.22
CONSULTANT BREAKDOWN	(Schedule G Attached?)		_	YES	10
CANDIDATE COMMITTEES O					^
	ERTY (From Schedule H - Attacl		\$		0
STATE COMMITTEES: Submi	t a reconciled campaign account	bank statement in January of eac	h year.		

For Instructions, See Back of Form

CONTRIBUTIONS -- MONEY TAKEN IN

(including candidate's personal funds)

COMMITTEE NAME (Must be same as on Statement of Organization)
Bowers for Supervisor Committee

VE SHE STATE	SCHEDULE A (Rev. 07/03)	MONETARY RECEIPTS
]		CK THIS BOX IF NDING FORM

STATE CANDIDATES NOTE: IF A CONTRIBUTION IS RECEIVED FROM A STATE PAC (POLITICAL ACTION COMMITTEE), LIST THE PAC IDENTIFICATION NUMBER AND THE PAC CHECK NUMBER IN THE DESIGNATED COLUMN. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS AND CAMPAIGN DISCLOSURE BOARD.

NOTE: ANY PERSON, OTHER THAN AN INDIVIDUAL, THAT CONTRIBUTES MORE THAN \$750 TO YOUR CAMPAIGN MAY HAVE FILING RESPONSIBILITIES AND SHOULD IMMEDIATELY CONTACT THE BOARD.

CAUTION: Section 68B.32A(6), prohibits the use of information copied from reports and statements for soliciting contributions or for any commercial purpose by any person other than statutory political committees.

DATE RECEIVED (MM/DD/YR)	PAC ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE* (if applicable)	AMOUNT RECEIVED	√ IF FOR FUND- RAISER
	ID# CK#	Uniterized Contributions During Period		\$ 85.00	INCOME
80111110	CK#	Wendell Stoelfing 930 Hillside Street Cherokee, lowa 51012		150.00	
08131108	ID# CK#	Bank Interest		.02	
09/07/08	ID# CK#	thomas Gary 802 Walnut Street Cherokee, lowa 51012		100.00	
09130108	ID# CK#	Bank Interest		.10	
1901108	ID# CK#	Susan Graham 5573 N Avenue Cherokee, lowa 51012		50.00	V
10 01 08	ID# CK#	Barbara Geisinger 5289 Country Road Cherokee, lowa 51012		50.00	~
00108	ID# CK#	Lynde Lundquist 5446 H Avenue Cleghorn, lowa 51014		40.00	V
10 07 08	ID#	Jeff Fuller 101 Chief Street Chepkee lowa 51012		30.00	
	ID# CK#	•			
			SUB-TOTAL		

TOTAL (if last page of this schedule)

^{*} Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.



FOR INSTRUCTIONS, SEE BACK OF FORM

	DESCRIPTION	
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EXPENDITURES -- MONEY SPENT FROM COMMITTEE ACCOUNT

STATE PAC COMMITTEES: NOTE: FOR CONTRIBUTIONS MADE TO STATEWIDE OR LEGISLATIVE CANDIDATES, LIST THE CANDIDATE IDENTIFICATION NUMBER IN THE DESIGNATED COLUMN AND THE PAC CHECK NUMBER FOR EACH EXPENDITURE. A LIST OF ID NUMBERS IS AVAILABLE FROM THE IOWA ETHICS & CAMPAIGN DISCLOSURE BOARD.

SCHEDULE B (Rev. 07/03)	MONETARY EXPENDITURES
	CK THIS BOX IF

COMMITTEE NAME (Must be same as on Statement of Organization) Bowers for Supervisor Committee

100 C	143 701	corperorsor Commi		
DATE EXPENDED (MM/DD/YR)	CANDIDATE ID NUMBER (if applicable) AND PAC CHECK NUMBER	NAME AND ADDRESS TO WHOM EXPENDITURE (Disbursement) WAS MADE	PURPOSE (DESCRIBE TRANSACTION)	AMOUNT EXPENDED
07/09/08	ID# CK#	Wayne Printing 311 East Main Street Cherokee, lowa 51012	50 full color posters	\$ 120.38
व्या०२७४		Harland-Clarke P.b.Box 660013 Dallas, Texas 75266-0		11-80
09/18/08	ID# CK#	Cherokee County tudi 520 West Main Street Cherokee, Iowa 51012	BoxH voter lists	39.00
09130168		Wayne Arinhine 311 East Main Street Cherokee lowa 51012	ruevacours.	572.84
10109/08	CK# 100(KCHE 2015 South 5th Street Cherokee, lown 52012	45 Radio Advertising Spots-each Spot 30 seconds in length	9 236.25
	ID# CK#			
	ID# CK#			
	ID# CK#			
	***		SUR TOTAL	

SUB-TOTAL TOTAL (if last page of this schedule)

THIS BOX APPLIES TO CANDIDATES' COMMITTEES ONLY:

Purchases of certain campaign property costing \$500 or more must also be inventoried on Schedule H. (Refer to Schedule H instructions.)

Expenditures to persons/entitles providing consulting, advertising, fund-raising, politing, managing, organizing services must also be detail iterrized on Schedule G by the amount, purpose, and date of each type of expenditure made by the person/entity on behalf of the candidate's committee. (Refer to Schedule G instructions and Iowa Code 68A.402(3)(i).)

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SCHEDULE D

INCURRED

(for Schedule D)

FOR INSTRUCTIONS, SEE BACK OF FORM

COMMITTEE NAME (Must be same as on Statement of Organization)

Bowe	Previously reported that remain unpaid must be included on this ule, as well as any new obligations incurred in this period.	ni Hee	□ Cŀ ⊮F	INDEBTEDNESS HECK THIS BOX AMENDING DRM	i
(DO NOT IN	LIGATIONS REMAINING THIS REPORTING PERIO ICLUDE LOANS - SHOW LOANS ON SCHEDULE	F)	goods or se received, be end of the r	d debt" is a debt for ervices ordered or ut not paid for by the reporting period., of whether an invoice eceived.	-
DATE INCURRED (MM/DD/YR)	NAME AND ADDRESS OF PERSON TO WHOM DEBT OR OBLIGATION IS OWED	DESCRIPTION OF GOODS SERVICES PROVIDED OF PURCHASED	OR B	ALANCE OWED AT CLOSE OF REPORTING PERIOD*	
0 01 08	KonOman Northwest Promotions 801 Rock Island Cherokee, Iowa 51012 No bill received at this time	50 yard signs	(4	150.00 approximat	elý
		SUB-T	OTAL		
	TOTAL DEBTS OWED BY COMMITTEE AT TO	·		150.00	
actual floure le	unknown show "estimated" beside the firers		L		l

CANDIDATE COMMITTEES NOTE:

*Incurred indebtedness also includes each person/entity with whom the candidate's committee has entered into a contract during the reporting period for future or continuing performance. Enter the name of the consultant who provides or procures services for items such as advertising, fund-raising, polling, managing, or organizing services. Report on Schedule G the nature of performance and the estimated performance reasonably expected of the consultant.

ONS. SEE BACK OF FORM			SCHEDULE	
AME (Must be same as on Statement of Orga	nnization)	00	E	IN-KIND CONTRIBUTIONS
CIS TOP Super 01504	Ceryimith			THIS BOX IF NG FORM
NAME AND ADDRESS OF CONTRIBUTOR	RELATIONSHIP TO CANDIDATE (if applicable)	DESCRIPTION OF IN KIND CONTRIBUTION	ESTIMATED FAIR MARKET VALUE	√ IF FOR FUND-RAISER CONTRIBUTION
	AME (Must be same as on Statement of Organics of Supervisor NAME AND ADDRESS	AME (Must be same as on Statement of Organization) CCS FOY SUPPLY ISOY COMMITTEE NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP TO CANDIDATE (If applicable)	AME (Must be same as on Statement of Organization) PLOS FOY Supervisor Committee NAME AND ADDRESS OF CONTRIBUTION OF CONTRIBUTION OF CONTRIBUTION	AME (Must be same as on Statement of Organization) CCS FOY SUPPLISOY COMMITTEE CHECK AMENDE NAME AND ADDRESS OF CONTRIBUTOR RELATIONSHIP TO CANDIDATE OF IN KIND CONTRIBUTION FAIR MARKET VALUE

DATE		DELATION			
RECEIVED	NAME AND ADDRESS	RELATIONSHIP TO CANDIDATE	DESCRIPTION OF IN KIND	ESTIMATED FAIR MARKET	√ IF FOR
(MM/DD/YR)	OF CONTRIBUTOR	(if applicable)	CONTRIBUTION	VALUE	FUND-RAISER CONTRIBUTION
	Bel Zieman 1325 Greta Street		food, paper	\$	
1010108	1325 Greta Street	j	products	45.00	
, ,	Cherokee, lowa 51012		& decoration	1 73,00	ا ا
	O C. O. C. C. TOOM BIOLD				
			for politica	 	
			fundraiser	1	
				ļ	
	Ber Zieman 1325 Gretastreet Cherokee, lowa 57012		postage		
10/01/08	1325 Gretastreet		Hamos	25 M	
12121/08	Chamber Inesa 51012		Gr milin	30.00	L
	CACIOLECTION STOTAL		stands for mailing	P	
					•
	·				
					LJ
					
			:		
					<u> </u>
			· · ·		
j					
					-
			SUB-TOTAL	\$	
			GOD-TOTAL.	*	
			TOTAL (if last	\$	
			page of this	70.00	
			schedule)	70.00	

*Disclosure law requires candidates to disclose the relationship of any relative making an in kind contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). (See Page 2 of forms packet.) If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column.

Page _ of (for Schedule E)

FOR INSTRUCTIONS, SEE BACK OF FORM	Manual and a characteristics		
		SCHEDULE	
COMMITTEE NAME(Must be same as on Statement of Organization)		F	LOANS
Bowers for Supervisor Committee		(Rev. 02/08)	RECEIVED & REPAID
NOTE: This schedule reports money loaned to the committee which is deposited in the committee as	count.	CHECK T	HIS BOX IF
TOTAL UNPAID LOANS FROM <u>LAST</u> REPORTING PERIOD \$			

PART I - MONETARY LOANS RECEIVED THIS REPORTING PERIOD
(Original source of loan, such as a bank, must be shown if a third party is involved. Include loans from candidate's personal funds.)

DATE RECEIVED (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE (If Applicable*)	AMOUNT OF LOAN
07/09/08	C.Gary Bowers 617 North Sherman Avenue Cherokee, lowa 51012		120.38
	C. Gary Bowers 617 North Sherman Avenue Cherokee, lawa 51012		39.00
80 05 1PO	C. Gary Bowers 617 North Sherman Avenue Cherokee, lowa 51012		572-84

TOTAL (PART I)

, 732.22

PART II - MONETARY LOAN REPAYMENTS MADE THIS REPORTING PERIOD (Loans forgiven must be reported on Schedule E - In-kind Contributions.)

DATE PAID (MM/DD/YR)	NAME AND ADDRESS OF LENDER (Include Endorser's Name, If Applicable)	RELATIONSHIP TO CANDIDATE* (If Applicable)	AMOUNT REPAID
			\$
į			

From Schedule E - TOTAL LOANS FORGIVEN

TOTAL OUTSTANDING LOANS END OF REPORT PERIOD

"Disclosure law requires candidate committees to disclose the relationship of any relative making a contribution to the committee. Relationship must be shown to the third degree of consanguinity (blood relatives) and affinity (relatives by marriage). If surname of contributor is the same as candidate, but there is no familial relationship, enter "not applicable" in the relationship column when it applies.

Page	of	
, ,	(for Schedule F)	